

L04000092167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



200042987152

12/21/01--0103--005 **155.00

FILED
04 DEC 21 PM 2:03
TALLAHASSEE, FLORIDA
STATE
CLERK OF THE COURT

FILED
04 DEC 21 PM 12:06
TALLAHASSEE, FLORIDA
STATE
CLERK OF THE COURT

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: MEGAN HODGE

DATE: 12-21-2004

REF. #: 0150.33078

CORP. NAME: HS CARLISLE ONE, LLC

FILED
DEC 21 PM 2:03
TALLAHASSEE, FL 32301
STATE

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 510775 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

HS CARLISLE ONE, LLC

ARTICLE I - Name

The name of the Limited Liability Company is HS CARLISLE ONE, LLC (the "Company").


ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 3225 Aviation Avenue, Suite 700, Coconut Grove, FL 33133.

ARTICLE III - Registered Agent and Office

The street address of the Company's initial registered office is 3225 Aviation Avenue, Suite 700, Coconut Grove, FL 33133, and the name of its initial registered agent at such office is Stewart L. Marcus.

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. Dated this 20th day of December, 2004.


Nora Hernandez, Authorized Signor

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608. Dated this 20th day of December, 2004.


Stewart L. Marcus
Registered Agent

04 DEC 21 PM 2:03
TALLAHASSEE, FLORIDA
STATE